| Please type a | nlus sian | (+) inside | this box | → | ┰ | |
|---------------|-----------|-------------|-----------|----------|------|--|
| riease type a | pius sign | (T) 11151UB | IIIIS DUX | | I +_ | |

DECLARATION FOR UTILITY OR

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

James M. Barbison

60,130-1269/01MRA0520

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney D cket Number

First Named Inventor

| | DESIGI | V | First Named I | nventor | | illes W. Dall | 013011 | | | |
|--------------------|--|--|---|------------------------|---------------------------|---|---|--|--|--|
| PATENT APPLICATION | | | | OMPLE | TE IF KI | NOWN | | | | |
| | (37 CFR 1 | | Application No | ımber | | | | | | |
| | | l Donat Lordina | Filing Date | | Herewitl | h | | | | |
| | Submitted OR | Declaration Submitted after Initia | al Group Art Unit | | | | | | | |
| | with Initial Filing | Filing (surcharge (37 CFR 1.16 (e)) required) | Examiner Nar | ne | | | | | | |
| _ | | | | | | | | | | |
| | As a below named inventor, I hereby declare that: | | | | | | | | | |
| | My residence, mailing address, an | d citizenship are as state | ed below next to my na | ame. | | | | | | |
| | I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | | | |
| | PROGRAMMABLE VARIABLE SPRING MEMBER | | | | | | | | | |
| | the specification of which | (Ti | tle of the Invention) | | | | | | | |
| | is attached hereto | | | | | | | | | |
| İ | OR | | as United | States Ap | plication I | Number or PCT | International | | | |
| | ☐ was filed on (MM/DD/YYYY) | | | _ | | (| if applicable). | | | |
| i | Application Number | and was ar | mended on (MM/DD/Y | YYY) L | | | | | | |
| | I hereby state that I have reviewe amended by any amendment spe | | | entified sp | oecification | n, including the | claims, as | | | |
| | I acknowledge the duty to disclosin-part applications, material infor PCT international filing date of the | e information which is mation which became avecontinuation-in-part app | aterial to patentability available between the file | as defined ing date | d in 37 CF of the prio | R 1.56, includir r application an | ng for continuation- d the national or | | | |
| | I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation | international application also identified below, t | which designated at look checking the box. | east one any fore | country of | ther than the U ation for paten | nited States of it or inventor's | | | |
| | Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | | ority Iaimed | Certified Co | ppy Attached? | | | |
| | | | | | | | | | | |
| | | | | | 3 | | 吕 | | | |
| | | | | 1 0 | | | | | | |
| | Additional foreign application | | | | | | nereto: | | | |
| | I hereby claim the benefit under | | | onal appli | ication(s) I | isted below. | | | | |
| | Application Number(s) | Filing Date | (MM/DD/YYYY) | | numbers supplem | al provisional ap are listed on a ental priority da 02B attached h | ta sheet | | | |

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+ Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| United all correspondence to: 16 1 | Customer Nur or Bar Code L | 11.7 | 6096 | | OR | Correspondence address below |
|---|-------------------------------|----------|----------|----------|--------------------|-------------------------------|
| Name John M. Siragusa | | | | | | |
| Address 400 W. Maple Road | | | | | | |
| Suite 350 | | | | | | |
| Birmingham City | | | | State_ | Michigan | ZIP 48009 |
| United States | | Telephon | (248) | 988-83 | 360 | (248) 988-8363 Fax |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | |
| NAME OF SOLE OR FIRST INV | ENTOR: | | | A petiti | on has been fil | ed for this unsigned inventor |
| Given Name James M. (first and middle [if any]) A O or Surname | | | | | | |
| Inventor's Signature | | ٤ | , | | | Date 02 Aug. 02. |
| Residence: City Brampton | | | State ON | | Canada Country | Canadian Citizenship |
| Mailing Address 2 Tremont Court | | | | | | |
| Mailing Address | | | | | | |
| City Brampton | ON State | | | ZIP Le | 5Z 4C8 | Country Canada |
| NAME OF SECOND INVENTOR | : | | | A petiti | on has been fil | ed for this unsigned inventor |
| Given Name (first and middle [if any]) | Nevin H. Enckson | | | | | |
| Inventor's Signature Lyn Date 2/02 | | | | | | |
| Residence: City Etobicoke | | | State Of | 1 | Canada Country | |
| Mailing Address 6 Formula Court | | | | | | |
| Mailing Address | | | | | | |
| City Etobicoke | State ON | | | ZIP m | 9B 6L4 | Country |
| Additional inventors are being named | | suppleme | | | tor(s) sheet(s) PT | D/SB/02A attached hereto. |

| Please type a plus sign (+) inside this box | → | + |
|---|----------|---|
|---|----------|---|

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _2_

| Name of Additional Joint Inventor, if any: | | | | A petition has been filed for this unsigned inventor | | | |
|---|------------|-----------|------------------------|--|------------|-------------------------|--|
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | |
| Arnett R. | | | | per | | | |
| Inventor's Signature | / | | | | | Date Aug 6, 2002 | |
| Residence: City Mississauga | State | ON e | | Canada Country | | Canadian Citizenship | |
| 603-26 Park St. E. Mailing Address | | | | | | | |
| Mailing Address | | | | | | | |
| City Mississauga | Stat | e ON | | ZIP L5G 1L6 | Coun | try Canada | |
| Name of Additional Joint Inventor, if a | ıny: | | | A petition has been fi | led for th | nis unsigned inventor | |
| Given Name (first and middle [if any]) Family Name or Surname | | | | Surname | | | |
| Ronald W. | | | I | Farewell | | | |
| Inventor's Signature | \geq | | | | | Date Aug 7/02 | |
| Residence: City Mississauga | Stat | ON | | Canada Country | <u>-</u> | Canadian Citizenship | |
| Mailing Address 1548 Manorbrook Court | | | | | | | |
| Mailing Address | | | | | | | |
| Mississauga City | Sta | ON te_ | | ZIP L5M 4A8 | Co | Canada untry | |
| Name of Additional Joint Inventor, if a | any: | | | A petition has been file | ed for thi | s unsigned inventor | |
| Given Name (first and middle [if an | /]) | | | Fami | y Name | or Surname | |
| Richard | _ | | Cou | ry | | | |
| Inventor's Signature | | | | | | Date | |
| Rochester Hills Residence: City | M State | | | USA Country | | USA Citizenship | |
| Mailing Address 670 Longford Drive | | | | | | | |
| Mailing Address | , | | | | | | |
| City Rochester Hills | State | MI | | ZIP 48309 | 0 | USA | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

| Name of Additional Joint Inventor, if a | ıy: | | A petition has been fi | iled for t | his unsigned inventor |
|--|-------------|------------------------|---------------------------|------------|-------------------------|
| Given Name (first and middle [if any] |) | Family Name or Surname | | | |
| Arnett R. | | Web | er | | |
| Inventor's Signature | | | | | Date |
| Mississauga Residence: City | ON State | | Canada Country | | Canadian Citizenship |
| 603-26 Park St. E. | | | | | |
| Mailing Address | <u> </u> | | | | |
| City Mississauga | State ON | | ZIP L5G 1L6 | Countr | y Canada |
| Name of Additional Joint Inventor, if ar | ıy: | | A petition has been file | ed for thi | is unsigned inventor |
| Given Name (first and middle [if any] |) | | Family Na | me or S | Sumame |
| Ronald W. | | F | Farewell | | |
| Inventor's Signature | | | | | Date |
| Residence: City Mississauga | State ON | | Canada Country | | Canadian Citizenship |
| Mailing Address 1548 Manorbrook Court | | | | | |
| Mailing Address | | | | | |
| Mississauga City | State ON | | L5M 4A8 | Cou | Canada ntry |
| Name of Additional Joint Inventor, if a | | | A petition has been filed | for this | unsigned inventor |
| Given Name (first and middle [if any]) | | Τ | Family | Name o | or Surname |
| Richard | | Cour | ту | | |
| Inventor's Signature | 7 | | 7 | | Date 6-27-02 |
| Rochester Hills Residence: City | MI State | | USA Country | | USA Citizenship |
| Mailing Address 670 Longford Drive | | | | | |
| Mailing Address | | | | | |
| City Rochester Hills | State MI | | 48309 ZIP | Cc | USA |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(11-06) PTO/FRIOZA (11-06)

Approved for use duroup 10/34/2012. OMB 6831-0032

Approved for use duroup 10/34/2012. OMB 6831-0032

Approved for use duroup 10/34/2012. OMB 6831-0032

Approved for use duroup 10/34/2012. OR Palent and Trict and Notice, U.S. DEPARTMENT OF COMMERCE AND TRICTION OF COM

DECLARATION

ADDITIONAL INVENTOR(S)
Supplem ntal Sheet
Page _2_ of _2_

| Name of Additional Joint Inventor, Il a | y: | | A polition has been file | ed for th | ilv unsigned inventor | | | |
|--|--|-------------|--|--------------|---|--|--|--|
| Choon Flastin (first and midship (il ,my)) Family Name | | | | | umarne | | | |
| Hanais R King | | | | | | | | |
| Inventors Heart | Leing | ~= 10.00 q. | | | 15 TIME 03 | | | |
| Residence: City Milton | SWICH | | Country Careada | | Canadian | | | |
| Mailing Address 535 Sumyvale Cruscant | Mailing Address | | | | | | | |
| Mainia Address | | _ | ng saluda | | 1 M M F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| Lity Millon | Simo ON | | ZIP LOT 4MB | Countr | y Canada | | | |
| Name of Additional Joint Inventor, it pr | Names of Additional Joint transfer, if any: (1) A position has been tiled for this unsigned inventor | | | | | | | |
| Given Numa life a und malitie (d'any) | } | \Box | Formily Nam | ne of S | uiname | | | |
| Etophon II. | Flophon II. Bell | | | | | | | |
| hiverdon's September 1 | | 7 | A | ÷ 1410-11-07 | 28 June 02 | | | |
| troubliness City Guilph | sino ON | | Country Canada | | Canadian Citizanship | | | |
| Mailing Address 27 Sandpiper Drive | | | ر المراجعة الدينية المراجعة الدينية المراجعة الدينية الدينية الدينية الدينية الدينية الدينية الدينية | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| Malijan Address | | | | | | | | |
| Goolph City | CINO CIN | | ANI MAM INS | Coli | Canada | | | |
| Hanso of Additional Joint Inventor, if a | | В | Λ βυ λί δων Ιω ς been filed | for Unis | unsigned inventor | | | |
| Given Nears Gast and middle fit any? | | | Family | Name (| y Sumame | | | |
| Nelson C. | | Gon | çalveş | | | | | |
| biventor's Signilature | h i Johan hilm combrehom | | | | Date Aug. 2, 2002 | | | |
| Mississaugh | Nats. ON | | Canada Cuntiky | | Portuguese Citizanship | | | |
| Mining Address 4400 Romadk Circle | | | | | | | | |
| Missilvay Askib vas | , at h | | ر و الله الله الله الله الله الله الله ال | | MANUAL S MATERIAL STATE OF THE | | | |
| Gley Misclesmogn | State ON | | ZIP MEW INS | Co | Canada untry | | | |

Durden Hear Statement: This from the extracted to take 21 mountes to complete. That will vary depending upon the means of the buildfulled case. Any comments could be enough of time, you are required to complete the first change of a new formal of the could be enoughed to
PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | |
|--|------------------------|---|---------------------------------------|-----------|---------------------------|--|--|
| Given Name (first and middle [if any | Family Name or Surname | | | | | | |
| Thomas R. King | | | | | | | |
| Inventor's Signature | | | | | Date | | |
| Milton Residence: City | ON State | | Canada Country | | Canadian Citizenship | | |
| 535 Sunnyvale Crescent Mailing Address | | | | | | | |
| Mailing Address | <u> </u> | - | · · · · · · · · · · · · · · · · · · · | | | | |
| City Milton | State ON | | ZIP L9T 4MB | Count | canada try | | |
| Name of Additional Joint Inventor, if any: | | | | | | | |
| Given Name (first and middle [if any |) | | Family Na | me or | Surname | | |
| Stephen H. | tephen H. Bell | | | | | | |
| Inventor's Signature | | 7 | | | 28 June 02 | | |
| Residence: City | State ON | | Canada Country | | Canadian Citizenship | | |
| 27 Sandpiper Drive | | | | | | | |
| Mailing Address | | | | | | | |
| Guelph City | State ON | | ZIP M8W 1N8 | Cou | Canada untry | | |
| Name of Additional Joint Inventor, if a | ny: | | A petition has been filed | d for thi | s unsigned inventor | | |
| Given Name (first and middle [if any] |) | | Family | Name | or Surname | | |
| Nelson C. Goncalves | | | | | | | |
| Inventor's Signature South | | | | | Date Oug. 2, 2002 | | |
| Mississauga Residence: City | ON State | | Canada Country | | Portuguese Citizenship | | |
| 4400 Romfield Circle | | | | | | | |
| Mailing Address | | | | | | | |
| City Mississauga | ON State | | ZIP M8W 1N8 | c | Canada ountry | | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

| Name | Registration Number | Name | Registration Number |
|---|------------------------|------|------------------------|
| M. Lee Murrah Theodore W. Olds | 27,460 33,080 | | · |
| John E. Carlson | 37,794 | | |
| David J. Gaskey | 37,139 | | |
| Kerrie A. Laba William S. Gottschalk | 42,777 44,130 | | |
| David L. Wisz | 46,350 | | |
| Karin H. Butchko | 45,864 | | |
| John M. Siragusa | 46,174 | | |
| Anthony P. Cho | 47,209 | | |
| | | | |
| | | | |
| 1 | | | |
| | | | |
| | | | |
| • | | | |
| į. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | • | |
| | | | |
| | | | |
| | | | |
| Į | | | |
| | | | • |
| | | | |
| | | | |
| | | | |
| | | | |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

